

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sm		3/24/00
O.I.P.E. CLASSIFIER		8	4/15/00
FORMALITY REVIEW	Dm	78223	6-6-00
RESPONSE FORMALITY REVIEW			8/15/00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Best Available Copy

Claim	Final	Original	Date
1	✓	8	1/23/00
2	✓	1	2/23/00
3	✓	7	3/23/00
4	✓	2	4/23/00
5	✓	3	5/23/00
6	✓	4	6/23/00
7	✓	5	7/23/00
8	✓	6	8/23/00
9	✓	7	9/23/00
10	✓	8	10/23/00
11	✓	9	11/23/00
12	✓	10	12/23/00
13	✓	11	1/24/00
14	✓	12	2/24/00
15	✓	13	3/24/00
16	✓	14	4/24/00
17	✓	15	5/24/00
18	✓	16	6/24/00
19	✓	17	7/24/00
20	✓	18	8/24/00
21	✓	19	9/24/00
22	✓	20	10/24/00
23	✓	21	11/24/00
24	✓	22	12/24/00
25	✓	23	1/25/00
26	✓	24	2/25/00
27	✓	25	3/25/00
28	✓	26	4/25/00
29	✓	27	5/25/00
30	✓	28	6/25/00
31	✓	29	7/25/00
32	✓	30	8/25/00
33	✓	31	9/25/00
34	✓	32	10/25/00
35	✓	33	11/25/00
36	✓	34	12/25/00
37	✓	35	1/26/00
38	✓	36	2/26/00
39	✓	37	3/26/00
40	✓	38	4/26/00
41	✓	39	5/26/00
42	✓	40	6/26/00
43	✓	41	7/26/00
44	✓	42	8/26/00
45	✓	43	9/26/00
46	✓	44	10/26/00
47	✓	45	11/26/00
48	✓	46	12/26/00
49	✓	47	1/27/00
50	✓	48	2/27/00

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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